2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Feb 14, 2007 08:00 Al Secretary of State DOCUMENT # A02000001133 1. Entity Name SIXTIETH DRIVE LIMITED PARTNERSHIP Principal Place of Business Mailing Address 7330 WESTMORELAND DRIVE 7330 WESTMORELAND DRIVE SARASOTA FL 34243: SARASOTA FL 34243- --2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E003 (10/06) City & State City & State Applied For 4. FEI Number 36-4504331 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANT, WILLIAM B III Street Address (P.O. Box Number is Not Acceptable) 7330 WESTMORELAND DRIVE SARASOTA FL 34243 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! Fee is \$500: *** After May 1, 2007, fee will be \$900, *** Make check payable to Florida Department of State. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P95000071872 STRLET ADDRESS NAME CLEAR CUT ACRYLICS, INC. STREET ADDRESS 7330 WESTMORELAND DRIVE CITY-ST-ZIP CITY+SI-ZIP SARASOTA FL 34243 000000636440 02/26/07-80018-011 500.00 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT#** STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CHY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes